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COMMON PSYCHIATRIC DIAGNOSES AND EFMP

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□ **Readiness Optimization Integration Alignment Covenant Leadership**



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FOCUS

- 1. Common Adult Psychiatric Diagnoses**
- 2. Common Childhood Psychiatric Diagnoses**
- 3. EFMP Placement Categories**
- 4. Examples**
- 5. Quiz**



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COMMON ADULT PSYCHIATRIC DIAGNOSES

1. Anxiety Disorders

- Social Anxiety**
- Generalized Anxiety Disorder**
- Phobias**
- Panic**
- Post Traumatic Stress Disorder**



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COMMON ADULT PSYCHIATRIC DIAGNOSES

Mood Disorders

**Major Depressive Disorder w/ or
w/o Psychosis**

Dysthymia

Bipolar Mood Disorder



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COMMON ADULT PSYCHIATRIC DIAGNOSES

Psychotic Disorders

- Schizophrenia**
- Delusional Disorder**
- Schizoaffective Disorder**



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COMMON ADULT PSYCHIATRIC DIAGNOSES

Substance Abuse Disorders

Alcohol Abuse/Dependence

**Other Substance
Abuse/Dependence**

Prescription Drug Abuse

Illicit Drug Abuse



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COMMON ADULT PSYCHIATRIC DIAGNOSES

Eating Disorders

→ **Anorexia**

→ **Bulimia**



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COMMON ADULT PSYCHIATRIC DIAGNOSES

Somatoform Disorders

- Somatization Disorder**
- Conversion Disorder**
- Pain Disorders**



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CHILDHOOD DISORDERS

Attention Deficit and Disruptive Behavioral Disorders

→ **ADHD**

→ **ODD**

→ **Conduct Disorder**



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CHILDHOOD DISORDERS

Other

- **Separation Anxiety Disorder**
- **Selective Mutism**
- **Reactive Attachment Disorder
of Infancy or Early Childhood**



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CHILDHOOD DISORDERS

Pervasive Developmental Disorders

→Autistic Disorder

→Rett's Disorder

**→Childhood Disintegrative
Disorder**

→Asperger's Disorder

→PDD NOS



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CHILDHOOD DISORDERS

- **Depressive Disorder**
- **Bipolar Mood Disorder**
- **Generalized Anxiety Disorder**
- **Psychotic Disorders**
- **Adjustment Disorders**
- **Substance Use/Abuse Disorders**
- **Impulse Control Disorders/IED**



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EFMP CATEGORIES

- Category I - Condition requires monitoring**
- Category II - Special placement in compatible geographical area in CONUS or OCONUS**
- Category III - Needs services not available OCONUS**



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EFMP CATEGORIES

- **Category IV - Sponsor assignment near a major medical area in CONUS**
- **Category V - Medical condition warrants homesteading - need for long term stable environment**
- **Category VI - Temporary enrollment for a period of 6, but no more than 12 months while tx and assessments are ongoing**

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Scenarios

- **Depressed spouse - on meds for six months - no previous hospitalizations - now stable**



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Scenarios

- **8 year old - depressed - on antidepressants for 3 months - doing ok - strong family history of depression - family wants overseas assignment to enhance SVM's promotion chances.**



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Scenarios

- **Spouse - depressed - stable x 3 months; has had 2 hospitalizations in the past year for suicide attempt (one admission after an ICU stay post overdose).**



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Scenarios

- **8 year old child w/ ADHD on stimulants by pediatrician**



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Scenarios

- **8 year old w/ ADHD on stimulants and clonidine by child psychiatrist**



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Scenarios

- **8 year old with ADHD - on stimulant, clonidine and second generation anti-psychotic by child psychiatrist.**



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Scenarios

- **14 year old w/ MDD, hospitalized 3 months ago for suicide attempt - family says that mandatory reporting to EFMP is a HIPAA violation- threatens to report you and your CO to the IG if you don't allow them to go overseas.**



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Scenarios

- **3 year old with Oppositional Defiant Disorder being managed well by parents for the past 3 months with behavioral modification - taught to them by their Pediatric Nurse Practitioner**



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Scenarios

- **3 year old with Oppositional Defiant Disorder kicked out of 3 day care facilities this past year for behavior. Parents says that all the day care centers are no good. Child destroys your office while they are chatting w/ you. Parents refuse to seek help because 'boys will be boys'. Pediatrician sent in a 'generic' EFMP form.**



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Scenarios

- **13 year old boy who was seen once 6 months ago by a Social Worker because he allegedly fondled a younger child. FA/CPS insisted that he go for an evaluation but parents are resistant to anymore than the initial evaluation. Astute Family Practitioner sent in the EFMP form.**



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Scenarios

- **21 year old spouse who was an alleged victim of domestic violence has been 'sad' as noted by her OB-GYN doc - who completed the form because of a chronic GYN condition. OB-GYN doc felt she needed to see a SW although she has never been.**



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Scenarios

- **40 year old HMCM whose wife has a 17 year history of stable schizophrenia. She has auditory hallucinations but takes her meds and has been no problem whatsoever for years.**



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Scenarios

- **23 year old spouse w/ history of sexual abuse as a child and resulting Chronic PTSD. She frequently cuts herself to 'relieve stress' but the cuts are always superficial. She was last hospitalized 1 year ago when her husband deployed.**



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Scenarios

- **25 year old spouse who received inpatient and then intensive treatment for drug and alcohol abuse 6 months ago. Since then he has done well - and has learned how to control his drinking and drugging.**



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Scenarios

- **16 year old with a history of alcohol and drug abuse - who received treatment and is completely drug free for 6 months. He attributes his sobriety to the self-help groups he attends 5 days a week.**



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Scenarios

- **14 year old girl/dependent w/ history of multiple foster home placements, suspected sexual abuse, with 4 psychiatric hospitalizations, 2 residential treatment hospitalizations for a total of 2 years - has been doing well for 12 months. This is a last minute EFMP application and family has orders for Yokosuka Japan.**



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Scenarios

- **25 year old spouse w/ panic disorder - on a SSRI and has learned some cognitive behaviors ways to dealing w/ her panic before it gets bad. Last ED visit was 2 years ago.**



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Scenarios

- **25 year old spouse w/ panic disorder - on Ativan - and SSRI - - she won't let doc take her off of the Ativan - - or change it -- - - sometimes calls before rx is supposed to expire requesting a refill. Multiple ED visits for 'refills'.**



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Scenarios

- **24 year old spouse w/ bipolar mood disorder - only time she was manic - requiring hospitalization 1 year ago. She responded to meds but stopped her meds after 3 months because she felt normal again. She has been off meds now for 6 months and family waited until the last minute for overseas screening and had never been enrolled in EFMP - now want you to do whatever you can to help them get their overseas orders.**



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Scenarios

- **06 - a PCO - has spouse with chronic ongoing alcoholism - requiring multiple hospitalizations for pancreatitis - now w/some cirrhosis of the liver - and a hospitalization 2 months ago for depression - has a note from her doc that she can go overseas. The PCO says that she must accompany him. They were forced to enroll in EFMP - tried to short circuit the system.**